

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		FEC IDENTIFICATION NUMBER C C00111278	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Salem Radio Representatives		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 6400 N. Beltline Road suite 220		Amount 1800.00	
City Irving State TX Zip Code 75063		Transaction ID: E202F80884CF343FFAA0	
Purpose of Expenditure H2PA06114 Ad		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Jim W. Gerlach		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10957.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2006	
Full Name (Last, First, Middle, Initial) of Payee Karen Cross		Date M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 512 10th St		Amount 10.00	
City Washington State DC Zip Code 20004		Transaction ID: E34E4993F49C24832A15	
Purpose of Expenditure S2MO00353 Recording for Radio		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JAMES MATTHES TALENT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 221583.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2006	
(a) SUBTOTAL of Itemized Independent Expenditures		1810.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 9	